

\*Please note: This form must be completed in full and notarized.

Property ID # \_\_\_\_\_

**Table of Heirship** for \_\_\_\_\_, Deceased

Date of Death: \_\_\_\_\_

	FIRST	MIDDLE	(MAIDEN)	LAST	Date of Birth      Death	
	3rd					
1. Spouse of the Deceased	2nd					
	1st					
2. Children of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
	6th					
3. Grandchildren of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
4. Parents of the Deceased	Father:					
	Mother:					
5. Brothers and Sisters of the Deceased	1st					
	2nd					
	3rd					
	4th					
	5th					
6. Children of the Deceased Brothers and Sisters	1st					
	2nd					
	3rd					
	4th					
	5th					

The undersigned claimant, being duly sworn, certifies under penalty of perjury that the above information is true and correct to the best of his or her knowledge, and that said claimant has full authority to act on behalf of the other claimants for the purpose of completing the above information.

\_\_\_\_\_  
PLEASE PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME TELEPHONE NUMBER

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the County  
of \_\_\_\_\_, State of \_\_\_\_\_